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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	TJK/209
	First Named Inventor	Kaveri & al.
	COMPLETE IF KNOWN	
	Application Number	10 / 031,938
	Filing Date	January 22, 2002
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CATALYTIC ANTI-FACTOR VIII ALLO-ANTIBODIES

(Title of the Invention)

the specification of which

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **01/22/2002** as United States Application Number or PCT International Application Number **10/031,938** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP00/06870	EP	07/18/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 401 841.4	EP	07/21/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:


I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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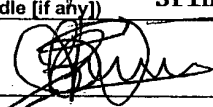
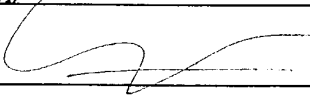
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		26,689		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
Address					
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Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <u>Srinivas</u>			Family Name or Surname <u>Kaveri</u>		
Inventor's Signature 			Date <u>March 8, 2002</u>		
Residence: City <u>Malakoff</u>		State <u>France</u>		Country <u>France</u> Citizenship <u>France</u>	
Mailing Address					
Mailing Address <u>15 Rue Lucien et Edouard Gerber</u>					
City <u>MALAKOFF</u>		State		ZIP <u>92240</u> Country <u>France</u>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) <u>Sébastien</u>			Family Name or Surname <u>Lacroix-Desmazes</u>		
Inventor's Signature 			Date <u>March 8, 2002</u>		
Residence: City <u>VILLE D'AVRAY</u>		State		Country <u>France</u> Citizenship <u>France</u>	
Mailing Address <u>33 Rue de St.Cloud</u>					
Mailing Address					
City <u>VILLE D'AVRAY</u>		State		ZIP <u>92410</u> Country <u>France</u>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/02A (11-00)

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
3-06 Michel		Kazatchkine	
Inventor's Signature		Date	
[Signature]		March 8, 2002	
Residence: City	State	Country	Citizenship
PARIS		FRANCE	France
Mailing Address			
1 Rue Le Goff			
Mailing Address			
City	State	ZIP	Country
PARIS		75005	France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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